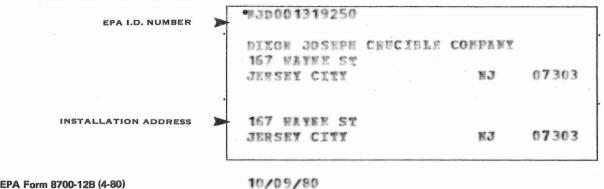


ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



*

	label office it in the space at left if any of the
INSTALLA- TION'S EPA I.D. NO.	label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is
I. STALLATION NJD001319250	complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted
INSTALLA- DIXON JOSEPH CRUCIBLE COMPANY* 167 WAYNE ST	label, complete all items. "Installation" means a single site where hazardous waste is generated,
II. MAILING 167 MATHE ST JERSEY CITY, NJ 07303	treated, stored and/or disposed of, or a trans- porter's principal place of business. Please refer
	to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The
LOCATION 167 WAYNE ST LATION JERSEY CITY, NJ 07303	information requested herein is required by law (Section 3010 of the Resource Conservation and
GERSEI CITTI III UZGG	Recovery Act).
FOR OFFICIAL USE ONLY	
COMMENTS	
15 16 DATE RECEIVED	55
INSTALLATION'S EPA I.D. NUMBER APPROVED (yr., mo., & day)	经 国国际
1 2 13 14 15 16 17 22 I. NAME OF INSTALLATION	Milder was Expelled to the Control of the Control o
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	67
STREET OR P.O. BOX	A STATE OF STREET STATE OF STREET
	TAIN TENDE
	CODE
4	0226 + 0226
III. LOCATION OF INSTALLATION	- 51
STREET OR ROUTE NUMBER	· 医克里克 医多种皮肤 医皮肤 医皮肤 · · · · · · · · · · · · · · · · · · ·
5 15 16	45 W. WAR CETTA WE CUTD HE CATELLY
	CODE OF WHICH HELDER IN THE RESIDENT STREET
6 40 41 42 47	- 51
IV. INSTALLATION CONTACT NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
WILLIAMS D. E. WORKS MANAGER	2 0 1 3 3 3 3 0 0 0
U. OWNERSHIP	45 46 - 48 49 - 51 52 - 55
A. NAME OF INSTALLATION'S LEGAL OWNER	AND VICE DESCRIPTION
8 PUBLIC CORPORATION	and I seem on the color of the seems to
(enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (e)	nter "X" in the appropriate box(es))
F = FEDERAL M SEPARATION B. T	TRANSPORTATION (complete item VII)
M = NON-FEDERAL C. TREAT/STORE/DISPOSE D. 60	UNDERGROUND INJECTION
VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate by	
A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER	R (specify):
VIII. FIRST OR SUBSEQUENT NOTIFICATION Mark "X" in the appropriate box to indicate whether this is your installation's first notification of haz	ardous waste activity or a subsequent notification
If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided b	elow.
within a calendar month.	C. INSTALLATION'S EPA I.D. NO.
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item	N J D O O 1 3 1 9 2 5 0
IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.	

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	S W/	15	D	0	0	1	3	1	9	2	5	0	7/A	1
	1		-	-	_							13	14	9

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IX. DESCRIPTION OF HA	ZARDOUS WASTE	ES (continued from fr	ont)		
A. HAZARDOUS WASTES FR waste from non-specific sou				10 CFR Part 261.31 for	each listed hazardous
The state of the s	2	3	4	5	6
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23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
APRICA PROPERTY	8	9	10	11	12
military to the state of the ball	Land or the part of the land				12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
B. HAZARDOUS WASTES FR specific industrial sources yo				Part 201.32 for each ii	sted nazardous waste from
13	14	15	16	17	18
			76 31 23 21 21 22 23		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	W. S. W. P. S. B. W. W. W.			
C. COMMERCIAL CHEMICAL	PRODUCT HAZARD	OUS WASTES. Enter t	ne four-digit number fr	om 40 CFR Part 261.33	3 for each chemical sub-
stance your installation hand					
31	32	33	34	35	36
U 0 0 2 *	U O 4 1 *	U 1 1 7 *	U 154 *	U186 *	U 2 2 0 *
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 2 2 6 *	U 2 3 9 *				
23 - 26	23 - 26	45	46	23 - 26	48
Til		TIT	I I S S STU	10 23 23 23	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
D. LISTED INFECTIOUS WAS	STES. Enter the four-	digit number from 40 C	FR Part 261.34 for each	listed hazardous waste	from hospitals, veterinary
hospitals, medical and resear	ch laboratories your in	nstallation handles. Use	additional sheets if nece	ssary.	
49	50	51	52	53	54
Marine Project Colon Sales				100	
E. CHARACTERISTICS OF N	23 - 26	DOUGLANASTES Mark	23 - 26	23 - 26	23 - 26
hazardous wastes your instal				Johning to the character	istics of non—listed
1. IGNITABLE		2. CORROSIVE	3. REACT	IVE	4. TOXIC
(D001)	(D00		(D003)		D000)
X. CERTIFICATION					
I certify under penalty o	f law that I have p	ersonally examined a	nd am familiar with	the information sub	mitted in this and all ning the information, cant penalties for sub-
attached documents, and	that based on my i	inquiry of those indi	iduals immediately	responsible for obtain	ning the information,
I believe that the submitte mitting false information,	including the possib	pility of fine and impr	npiete. 1 am aware 1 isonment.	nai inere are signific	cant penatites for sub-
SIGNATURE			CIAL TITLE (type or pi	rint)	DATE SIGNED
W 000	continue vaid a		E. Williams		0/12/0-
Donald E.	Williams		Manager	West And Araby	8/13/80
EPA Form 8700-12 (6-80) RE	VERSE	or or the later of the same of			Programme and the same
	NOTE	S			

*We do not manufacture these solvents, but we use them in our process.

At the present time we do not generate a total of 1000 kilograms of hazardous wastes within a calendar month.

af

DATE RE REASON	TURNED I_I ACKNOW	LEDGEMENT SENT
Congle	INTERNAL CHECKLIST ID #1	1JD001319250
	nterim Regulatory Requirements	
A	. (1) FORM 1 MISSING	I <u></u> I
	(2) FORM 3 MISSING	<u> </u>
В	. POSTMARK after NOVEMBER 19, 1980	· Valid
C	. (1) DATE of OPERATION MISSING	I <u></u> I
	(2) DATE of OPERATION after NOVEMBER 19, 198	01_1
D.	(1) NON-LODFIER •(2)NOTIFIED after AUGUST 18, 1980	 Valid
E	. (1) FORM 1, XIII B SIGNATURE MISSING	<u> </u>
	(2) FORM 3, IX B SIGNATURE MISSING	1_1
2. (A	. HANDLER	
≥ B	• NONREGULATED	<u> </u>
(c	• UNSURE	1_1
D	. UNKNOWN FACILITY (missing name and address on Form 3)	I <u></u>
E	NEW FACILITY > NOV.19, 1980	<u> </u>
F	· CORE ITEM(S) MISSING	<u> </u>
G	NON-CORE ITEM(S) MISSING	<u> </u>
Н	• OTHER	<u> </u>
	MISSING: MAP DRAWING	

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Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 characters/inch	1).			Form Approved OMB No. 15	8-R0	175	OC
1 SEPA GEN	ERA	L II	NFORM Permits Pr	before starting.)	13000		0 3 D
I. EPA I.D. NUMBER III. FACILITY NAME	ACE	LA	BELIN	If a preprinted label has be it in the designated space, it is through it and enter the cappropriate fill—in area below the preprinted data is abserted to the label space list that should appear), please proper fill—in area(s) below complete and correct, you litems I, III, V, and VI (and the instructions for detail tions and for the legal author which this data is collected.	Review is in orrect ow. And (thicks the proving proving proving proving proving led)	rovide very the correct data also, in a read info ide in the not continue to the complete to t	informatic, cross as in the fany of a to the fany of a to the familiary of the label is complete a which plete all Refer to descrip-
INCTRUCTIONS. Complete A through I to determine a	whethe	er you	u need to	submit any permit application forms to the EPA. If you ans	ver "	yes" t	o any
questions, you must submit this form and the supplement	ital for '' to ea e instru	rm lis ach q uction	uestion, y ns. See also	e parenthesis following the question. Mark "X" in the box in ou need not submit any of these forms. You may answer "no o, Section D of the instructions for definitions of bold—faced	" if y	our ac	ctivity
SPECIFIC QUESTIONS	YES	MAR	K'X' FORM ATTACHED	SPECIFIC QUESTIONS	YES	MAR	FORM ATTACHE
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	16	X 17	18	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	19	X 20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	22	X 23	24	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	2.5	X 26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X	29	X 30	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	31	X 32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	F 34	X 35	36	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	37	X 38	39
Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an	s s e	X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	43	X	45
attainment area? (FORM 5) III. NAME OF FACILITY SKIP JOSEPH DIXON CRUCIBLE CO IV. FACILITY CONTACT A. NAME & TITLE (last,))MPA		1 1 1	B. PHONE (area code & no.)	69		
WILLIAMS DONALD E							
V. FACILITY MAILING ADDRESS A. STREET OR P.O.							
3 1 6 7 WAYNE STREE				C.STATE D. ZIP CODE			
4 JERSEY CITY				N J 0 7 3 03			
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER	SPEC	IFIC	IDENTIF	IER THE			
5 1 6 7 W A Y N E S T R E E	77			45			
HUDSON	11			76 F COUNTY CODE			
C. CITY OR TOWN G J E R S E Y C I T Y	11	-		D.STATE E. ZIP CODE F. COUNTY CODE (if known) N J 0 7 3 0 3			
EPA Form 3510-1 (6-80)				CONT	INUE	ON	REVERS

CONTINUED FROM THE FRONT	the manufactures where a strength of the second
VII. SIC CODES (4-digit, in order of priority) A. FIRST	B, SECOND
7 3 9 9 8 (specify) MISCELLANEOUS MANUFACTUR	c (specify)
15 16 - 19 C. THIRD	15 16 - 19 D. FOURTH
(specify)	c (specify)
VIII. OPERATOR INFORMATION	15 16 + 19
A. NAM	I I I I I I I I I I I I I I I I I I I
15 16 -	BLE COMPANY XYES □ NO
C. STATUS OF OPERATOR (Enter the appropriate letter into t F = FEDERAL M = PUBLIC (other than federal or state)	P (specify)
S = STATE O = OTHER (specify) P = PRIVATE	A 2 0 1 3 3 3 0 00 56 15 16 - 18 19 - 21 22 - 28
E. STREET OR P.O. BOX	
167 WAYNE STREET	55
F. CITY OR TOWN	G.STATE H. ZIP CODE IX. INDIAN LAND
BJERSEY CITY	N J 0 7 3 0 3 Is the facility located on Indian lands? YES NO
X. EXISTING ENVIRONMENTAL PERMITS	40 41 42 47 - 51
A. NPDES (Discharges to Surface Water) D. PSD (Air E	Emissions from Proposed Sources)
9 N 9 P	
B. UIC (Underground Injection of Fluids) E	OTHER (specify)
9 U	(specify)
15 16 17 18 30 15 16 17 18 C. RCRA (Hazardous Wastes) E	E. OTHER (specify)
9 R	(specify)
15 16 17 18 - 30 15 16 17 18 XI. MAP	30
the outline of the facility, the location of each of its existing treatment, storage, or disposal facilities, and each well where water bodies in the map area. See instructions for precise requi	nding to at least one mile beyond property bounderies. The map must show g and proposed intake and discharge structures, each of its hazardous waste it injects fluids underground. Include all springs, rivers and other surface irements.
XII. NATURE OF BUSINESS (provide a brief description)	
No. 1 to the second second of the second sec	ERASERS, WRITING INGREDIENTS FOR PENCILS,
면 하였다. [Gallery 1842] 1. Land Heller (Hellery Hellery Heller) 다 네가지 않았다.	RS, OTHER WRITING PRODUCTS: ALSO MANUFACTURE
GRAPHITE LUBRICANTS AND SE	ELL PACKAGED GRAPHITE.
	Fa. A.
	F9: A
XIII. CERTIFICATION (see instructions)	en al la companya de
I certify under penalty of law that I have personally examined attachments and that, based on my inquiry of those person	ed and am familiar with the information submitted in this application and all ns immediately responsible for obtaining the information contained in the and complete. I am aware that there are significant penalties for submitting
	SIGNATURE C. DATE SIGNED 11/2/80
GROUP VICE PRESIDENT	John 1. me Nermath 11/1/80
COMMENTS FOR OFFICIAL USE ONLY	
C 15 16	
PA Form 3510-1 (6-80) REVERSE	5.5]

FORM	Q.EDA
RCRA	VEFA

U.S. ENVIRONMENTAL PROTECTION AGENCY

I. EPA I.D. NUMBER

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			8011119															
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-			in the appropriate box i	A land	rk one	box o	only) to	indi	icate	whether t	his is the first	application y	ou are submit	tting f	or you	ur fac	ility o	or a
EP/	4 1.0	D. Nun	ation. If this is your firm ober in Item I above.							's EPA I.I	D. Number, o	r if this is a rev	vised applicat	ion, er	iter y	our fa	ecility	's
A.	X	1. E)	PPLICATION (place CISTING FACILITY (S	lee instructions for d	lefinitio	on of	"existin	ig" fo	acility	y.		2.NEW	FACILITY (Comple	ete ite	em be	low.)	
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8	1	0 O	A OPER	RATION BEGAN OF the boxes to the left)	RTHE	DATI	CONS	TRU	JCTI	ON COM	MENCED	YR.	MO. DAY	TIOI	4 BEC	& day)	OR IS	3
15 B.	7	73 74	75 76 77 78 DAPPLICATION (p)	lace an "X" below o	nd con	plete	Item I	abou	ve)			73 74 75	76 77 78					
	7	1. FA	ACILITY HAS INTERI	M STATUS								2. FACI	LITY HAS A	RCR	A PE	RMIT		
Ш	. PR	ROCE	SSES – CODES ANI	D DESIGN CAPA	CITIE	S	350		a de	ge (19)								
	ente	ering co	CODE — Enter the codes. If more lines are no process (including its	needed, enter the co	de(s) in	the s	space pr	rovid	led. I	f a proces	s will be used	o be used at the lithat is not in	e facility. To cluded in the	en line list of	s are code	provid s belo	ded fo	or en
			DESIGN CAPACITY -		ered in	colun	nn A en	ter t	he ca	pacity of	the process.							
	2. 1	UNIT	INT — Enter the amoun OF MEASURE — For ea	ach amount entered						de from ti	ne list of unit	measure code	s below that	describ	oes th	e unit	of	
	1	measur	e used. Only the units					be u	sed.					No.		-		
		-	Charles of the Alberta	PRO- APPROPR CESS MEASURE	FOR	PROC	ESS			1000	Zoon white	CE	RO- APPR	URE	FOR	PROC	CESS	
-	tora		PROCESS	CODE DESIG	N CAP	ACIT	Υ		Tuo		ROCESS	CO	DE DE	SIGN	CAP	ACITY	Υ	
C		TAINE	R (barrel, drum, etc.)	S01 GALLONS					TAN	tment:	ninu X de	т	01 GALLO			AYO	R	
		TE PIL	E .	S02 GALLONS OF CUBIC MET	RDSOF				SUF	FACE IN	POUNDMEN	Т	02 GALLO	NS PE	ER DA	AY O	R	
		FACE I	IMPOUNDMENT	S04 GALLONS	OR LIT	ERS			INC	INERAT	OR	T	03 TONS F	ER H	OUR IS PE	R HO	UR:	
11	UE	CTION	WELL	D79 GALLONS			a thank		-		for about al		GALLO	PER	HOU	R		
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			LICATION	D81 ACRES OR	METER	ARES			surfa	ace impou s. Describ	indments or i be the process	nciner- ses in						
			SPOSAL IMPOUNDMENT	D82 GALLONS I LITERS PE D83 GALLONS	RDAY		R		the s	space pro	vided; Item I	II-C.)						
				UNITOF							INIT OF					U	NIT)F
U	NIT	OF M	EASURE	MEASURE CODE	UNIT	OFA	//EASU	RF			EASURE	UNITO	F MEASURE	NO.		ME	ASU	RE
G	ALI	LONS.		G	LITE	RS PE	RDAY	·			v	ACRE-F	EET					
C	UBI	CYAF	RDS	Y	MET	RIC T	ONS PE	ERH	HOUR		W	ACRES.	RE-METER.				F	
G	ALL	LONS	PER DAY	U	LITE	RS PE	RHOL	JR.		::::::	н		RES					
oth	AMI er ca	an hole	OR COMPLETING ITE d 400 gallons. The facil	M III (shown in line lity also has an incir	number erator	ers X- that c	1 and) an burn	(-2 b	to 20): A facil gallons p	ity has two st er hour.	torage tanks, o	ne tank can h	nold 2	00 gal	ions a	and th	ie
S C		- 1100		T/A C	1	7	11		1	1	111	111	111	1	1	1	1	1
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Continued from the f	ror
III. PROCESSES /	cor
C. SPACE FOR ADD	ITI

tinued) ONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES ($code\ "T04"$). FOR EACH PROCESS ENTERED HERE APACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis, For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter

"included with above" and make no other entries on that line,

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

		A	1. E	EP/				UNIT											D. PROCESSES
LINE	5 4	VA	ST	EI	D. NO le)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	S	MEA- URE enter ode)		1. PROCESS CODES (enter)									2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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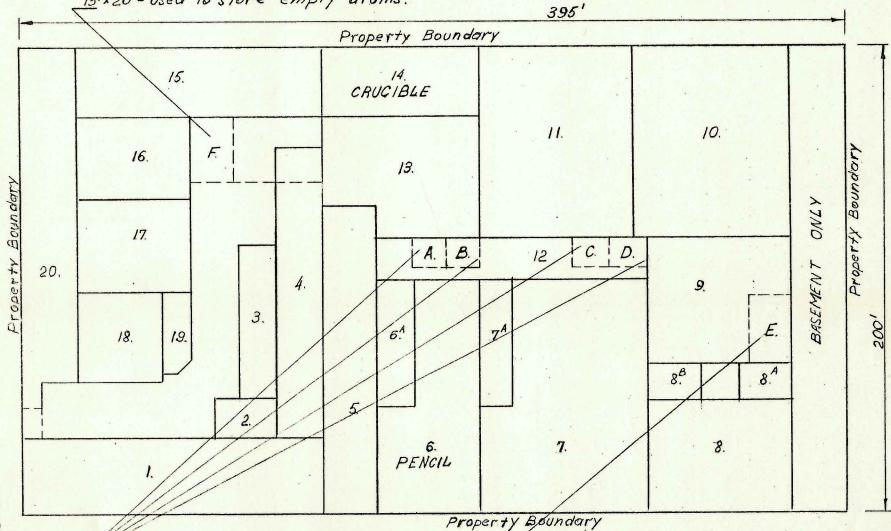
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V. FACILITY DRAWING				
All existing facilities must include in the space provided on	page 5 a scale drawing of	the facility (see instructions fo	r more detail).	
VI. PHOTOGRAPHS All existing facilities must include photographs (aeri	ial or ground—level) the	at clearly delineate all evic	ting structures; existing stored	e e
treatment and disposal areas; and sites of future stor				·,
VII. FACILITY GEOGRAPHIC LOCATION	CHARLES TO SERVICE TO		THE DEPOSIT OF	
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VIII. FACILITY OWNER				
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DIXON CRUCIBLE COMPANY. THE JOSEPH Waste Storage

F-Bldg 15 outside platform 1st floor Dimensions 131x20'- Used to store empty drums.



Four approved fire rated vaults in Bldg 12 basement Dimensions are 10'x24 each Used to store full drums

Approved fire rated vault in Bidg-9-5th floor Dimensions 26'x 38' Used to store full drums.

SCALE 1"- 45"

A-VAULT BLOG 12 BASEMENT



DATE PHOTO TAKEN - 11/6/80.

C-VAULT BLOG 12 BASEMENT



DATE PHOTO TAKEN - 11/6/80

E-VAULT BLDG 9 5th FLOOR



DATE PHOTO TAKEN - 11/6/80

B-VAULT BLOG 12 BASEMENT



DATE PHOTO TAKEN - 11/6/80.

D-VAULT BLDG 12 BASEMENT

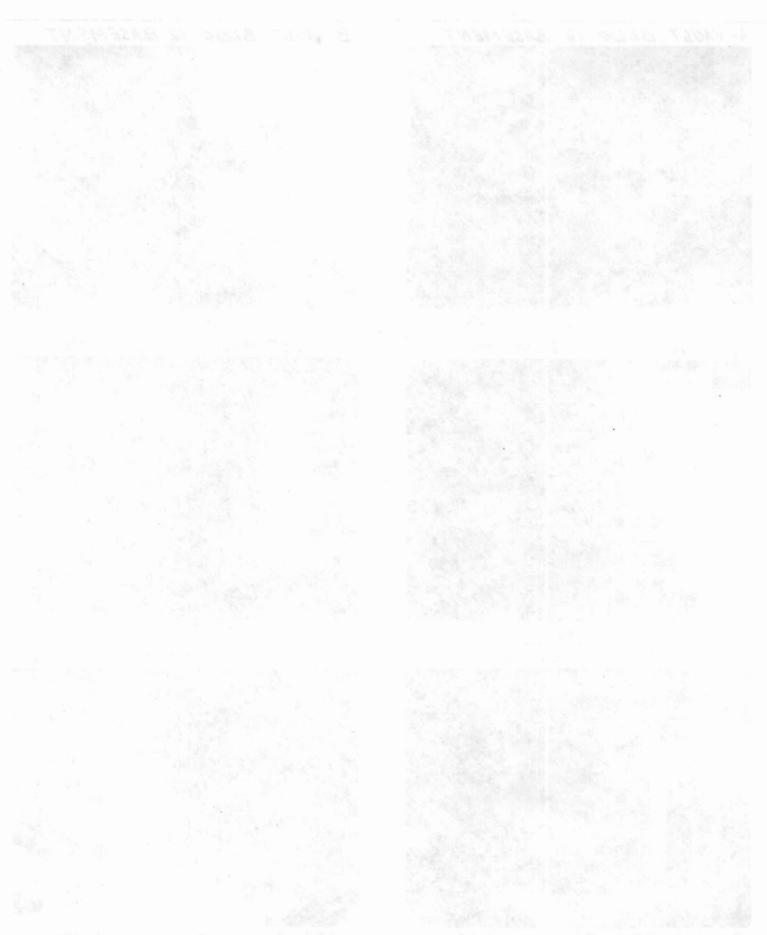


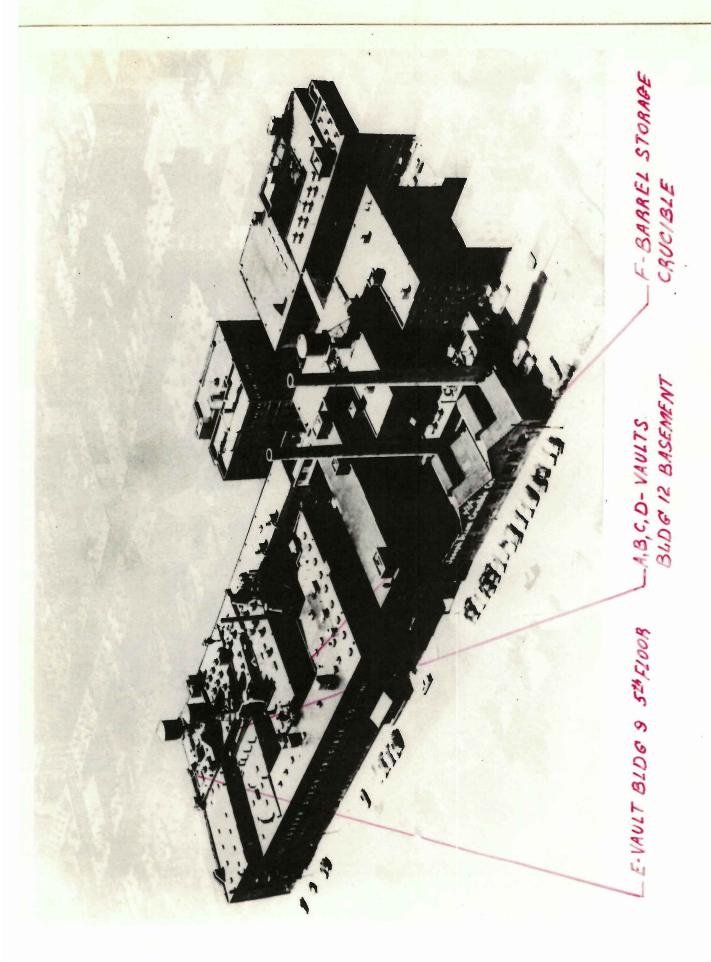
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F-BARREL STORAGE CRUCIBLE



DATE PHOTO TAKEN - 11/6/80





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The Joseph Dixon Crucible Company

167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000

Telex: 12-8272 DIXON CO JCTY

November 10, 1980

EPA Region II Information Service Center 26 Federal Plaza New York, N. Y. 10007

Gentlemen:

With regard to the attached permit application forms, although our Jersey City operations generate a small amount of hazardous waste and we do not plan on storing this waste for 90 days, we understand that numerous problems are expected with regard to certified haulers and disposal sites. Therefore, in order to protect ourselves, we are applying for a permit to store.

Attached to Form #1 is the best topographical map we were able to obtain at this time. We wrote to the U.S. Geological Survey for a map of Jersey City and received a reply indicating that these maps were out of stock and that we should reorder in 90 days.

We trust that the map that we have enclosed will be satisfactory.

Very truly yours,

THE JOSEPH DIXON CRUCIBLE COMPANY

John P. medermatt

John P. McDermott Group Vice President

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FRED. S. JAMES & CO. OF NEW YORK, INC. 55 Water Street, New York, N.Y. 10041 212 747-8106 Telex 127918, ITT 421643, WUI 667668, Cable EFESJAMES

Dele Contra

July 6, 1982

United States Environmental Protection Agency Region II 26 Federal Plaza New York, New York 10278

Attention: Kenneth S. Stoller, PE

Acting Director, Air & Waste

Management Division

Re:

Joseph Dixon Crucible Company, Inc.

11

167 Wayne Street, Jersey City, N.J. 07303

Gentlemen:

Attached are insurance certificates relating to requirements for Hazardous Waste, Treatment Storage and Disposal Facilities.

Sincerely

William Weaver

CC:

* STRAWSHA

John Millar, Treasurer (Joseph Dixon Crucible)

Joe Burns, FSJ/NY

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AIR & WASTE MANAGEMENT DIVISION

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PROTECTION ACENCY.
REGION II
NEW YORK, N.Y.

HAZARDOUS WASTE FACILITY

CERTIFICATE OF LIABILITY INSURANCE

	156	William Street			
1. Zurich Insurance Co.	, the "Insurer" of New	York, N.Y. 10038, hereby			
certifies that it has i	ssued liability insurance cov	vering bodily injury and			
property damage to Jose	ph Dixon in connection	with the insureds obliga-			
tion to demonstrate financial responsibility under 40 CFR 264-147 or 265-147.					
The coverage applies at:					
inc coverage apprica ac.					
	Schedule				
	Address on Togation	EPA Identification No.			
Name of Facility	Address or Location	EPA IDENCIFICACION NO.			
Joseph Dixon	167 Wayne Street	NJ D001319250			
Crucible Company	Jersey City, N.J.				
1 1 1 1	07303				

For sudden accidental occurrences, the limits of liability are Aggregate, exclusive of legal defense costs. The coverage is provided under policy number GA8060730, issued on 1/1/82. The effective date of said

- 2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - (a) Bankruptcy or insolvency of the insured shall not relieve the <u>Zurich</u> Ins. Co. of its obligations under the policy.
 - (b) The Zurich Ins. Co. is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Zurich Ins. Co. . This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264-147 (f) or 265-147 (f).
 - (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by Zurich Ins. Co. or the Insured, will be effective only upon written notice, and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

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(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(J) as such regulation was constituted on the date first above written, and that the Zurich Ins. Co. is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Name

Title UNDERWRITING

Address 156 William Street, New York

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HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. Name of Insurer: First State Insurance Company

Address of Insurer: 60 Batterymarch Street, Boston, Massachusetts 02110

hereby certifies that it has issued liability insurance covering Bodily Injury and Property Damage to:

Name of Insured: Joseph Dixon Crucible Company

167 Wayne Street

Address of Insured: Jersey City, New Jersey 07303

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at (Various Locations - See Below) for "sudden accidental occurrences." The limits of liability are \$ Nil each occurrence and \$ 1,000,000. annual aggregate, excess of underlying limits of \$ 1,000,000. each occurrence and \$ 1,000,000. annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number 950497 issued on 1/21/82 The effective date of said policy is 1/1/82

- 2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
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I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

SCHEDULE

Name of Facility

Address or Location

Number

Joseph Dixon Crucible Company

167 Wayne Street
Jersey City, N. J. 07303

Albert Conde

Vice President
Authorized Representative of First State Insurance Company

88 Pine Street, Suite 2700

New York, N. Y. 10005

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HAZARDOUS WASTE FACILITY

CERTIFICATE OF LIABILITY INSURANCE

certifies that it has is	, the "Insurer" of	New York, N.Y. 10038, hereby covering bodily injury and on with the insureds obligating 40 CFR 264-147 or 265-147.
	Schedule	
Name of Facility	Address or Location	EPA Identification No.
Joseph Dixon Crucible Company	167 Wayne Street Jersey City, N.J. 07303	NJ D001319250
exclusive of legal defermance of the GA8060730 and policy is 1/1/82 2. The insurer further described in Paragraph described in Paragraph of the Eurich Ins. Co. of deductible appliance of the insured for the GA8060730 and the	certifies the following w l: solvency of the insured s its obligations under the Co. is liable for the p cable to the policy, with	The effective date of said ith respect to the insurance hall not relieve the Zurich policy. ayment of amounts within any a right of reimbursement by the Zurich Ins. Co This
provision does n for which covera	ot apply with respect to ge is demonstrated as spe	that amount of any deductible cified in 40 CFR 264-147 (f)

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

or 265-147 (f).

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WILLIAM STRAW SUDGRAZAN

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Name

Title UNDERWRITING

Address 156 William Street, New York

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Address of Insurer:

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Name of Insured:

Joseph Dixon Crucible Company

167 Wayne Street

Address of Insured:

Jersey City, New Jersey 07303

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SCHEDULE

Name of Facility

Address or Location

EPA Identification Number

Joseph Dixon Crucible Company

167 Wayne Street Jersey City, N. J. 07303 NJ D001319250

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Vice President

Authorized Representative of First State Insurance Company

88 Pine Street, Suite 2700

New York, N. Y. 10005



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CUSTOMER SIGNATURE .

United States Department of the Interior

BRANCH OF DISTRIBUTION, EASTERN REGION
U.S. GEOLOGICAL SURVEY
1200 SOUTH EADS STREET
ARLINGTON, VIRGINIA 22202

IN REPLY REFER TO:		COST SUMMARY		
ATTN: M. 167WAY NE	XON CRUCIBL O. FISCHER ST TY,NJ 07303		Order Date Order Number Survey Acct. No. Account No. Date	3531 10-10-80
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DATE SHIPPED	QUANTITY	DESC	RIPTION	AMOUNT
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OUT OF STOCK

NOTICE **

Jersey City N.J.

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IS OUT OF STOCK. PLEASE RE-ORDER AFTER 90 Resp

U.S. GEOLOGICAL SURVEY
BRANCH OF DISTRIBUTION, ER
1200 SOUTH EADS STREET
ARLINGTON, VIRGINIA 22202

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KJ DOOL 319 250

The Joseph Dixon Crucible Company

167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000

Telex: 12-8272 DIXON CO JCTY

file

July 15 1980

Mr Harry Ruisi EPA Region II Information Service Center 26 Federal Pl New York 10007

Dear Mr Ruisi:

We have been unable to contact you via telecon and we have a few questions concerning the Notification of Hazardous Waste Activity under RCRA.

We do generate hazardous wastes in small quantities (under 1000 Kg per month.

We plan to file with EPA before 8/18/80 because we think we have to file in order to get a permit to ship these wastes to an authorized waste handler. Is this correct?

Thank you for your help.

Research and Technical Division

JJHealy

JUL 16 12 13 PH '80 ENVIRONMENTAL PROTECTION AGENCY

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The Joseph Dixon Cracible Contract

July 13 1,80

Mr Yarry Aulei FPC Hogian II Lifthau Kion Scrylec Genter Ib Foloral FL New York 10007

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RESPONDENT CONTACT RECORD IN

RESPONDE	NT CONTACT RE	CORD (RCR)			· Acti
FACILITY I	D NUMBER		COMPANY NAME		
			Joseph	Discon	Caveible Company
COMPANY	ADDRESS		CITY		
167	Wayne	Street		Jensey Ci	ty NJ 07303
	PERSON'S NAME/TIT	LE			TELEPHONE NUMBER (INCLUDE AREA CODE)
II.	Healy				201 333-3000
			CONTACT R	ECORD	,
DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLU	NOITU		
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167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000 Telex: 12-8272 DIXON CO JCTY

Region II Information Service Center 26 Federal Plaza New York, N. Y. 10007

201-333-3000

Danuary 12, 1981

With a gran with a gra

Gentlemen:

On 11/17/80, we forwarded to your offic Form #1-General Information and Form #3-Hazardous Waste Permit Application. To date, we have received no acknowledgment from you.

Please contact us at your earliest convenience to let us know when acknowledgment can be expected.

Very truly yours,

THE JOSEPH DIXON CRUCIBLE COMPANY

D. E. Williams Works Manager

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L. William



167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000

Telex: 12-8272 DIXON CO JCTY

November 17, 1980

Environmental Protection Agency 26 Federal Plaza New York, N. Y. 10007

CON: AMENDED NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

RE: THE JOSEPH DIXON CRUCIBLE CO. #NJD 001 319 250

Gentlemen:

We filed a Notification of Hazardous Waste Activity with you in August 1980 and we now wish to add to it. We recently found out that one of the Rubber Accelerators we use is listed under #261.33 as Thiuram P-117.

We use this accelerator in rod form and have no waste from it. The only waste we will have is the plastic liners from the drums the accelerator is shipped in.

We use approximately 5 drums each year, so therefore, we will probably have to store the liners until we get enough to ship to a disposal plant.

Please correct us if we have made any wrong assumptions.

Very truly yours,

THE JOSEPH DIXON CRUCIBLE COMPANY

D. E. Williams Works Manager

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167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000

Telex: 12-8272 DIXON CO JCTY

October 14, 1980

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EPA Region 11 Information Service Center 26 Federal Plaza New York, N. Y. 10007

ATTN: Mr. Harry Ruisi

CON: INSTALLATION EPA ID NO. - NJD001319250

Dear Sir:

On 8/13/80, we sent a completed "Notification of Hazardous Waste Activity" form to you.

It is my understanding that we are to let you know if we do not receive an acknowledgment from your office within eight weeks of notification.

I would like to inform you that as of this date, we have received no acknowledgment.

Very truly yours,

THE JOSEPH DIXON CRUCIBLE COMPANY

Donald E. Williams

Works Manager

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and the state of t



167 Wayne Street, Jersey City, New Jersey, 07303 • 201-333-3000 Telex: 12-8272 DIXON CO JCTY

July 13, 1982

Peter Stoken

Dr. Richard Baker Chief of Permits Administration Branch Air and Waste Management Division U.S. Environment Protection Agency 26 Federal Plaza New York, N. Y. 10278

EPA NO. N.J. DOO1319250

Dear Dr. Baker:

On 11/10/80, the Joseph Dixon Crucible Company filed for a permit to store hazardous waste for more than 90 days. We are a small generator and the data we have compiled since our original filing date indicates that we are generating approximately 165 gals. per month.

JH HWDMS Glay182

It has been our practice to accumulate this waste until we have enough to move it to a disposal facility in truckload quantities.

Because of all the extra requirements we are apparently going to have to meet to comply with the EPA regulations, we are hereby requesting a change in our status and wish to withdraw our application as a storage facility under the law.

We will henceforth, remove our hazardous waste on a regular basis so that it does not accumulate for 90 days.

Sincerely yours,

THE JOSEPH DIXON CRUCIBLE COMPANY

D. E. Williams Works Manager

DEW: at

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State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT 32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON DIRECTOR

March 8, 1983

LINO F. PEREIRA

DEPUTY DIRECTOR



Joseph Dixon Crucible Company Donald Williams, Mgr 167 Wayne Street Jersey City, NJ 07303

RE: Facility Operating Status

Dear Sir:

The Bureau of Hazardous Waste Engineering has reviewed your company's response to the Notice of Violation, Failure to Submit Annual Report. The Bureau finds that the response contains adequate information to determine the operating status of this facility with respect to N.J.A.C. 7:26-1 et seq., the New Jersey Hazardous Waste Management Regulations. The Bureau has determined that the company's hazardous waste treatment, storage or disposal facility as delineated in the company's RCRA Part A application and identified by the following EPA ID Number:

EPA ID NO. NJD001319250

has been excluded from regulations under N.J.A.C. 7:26-1.1 et seq. because your facility accumulates hazardous waste on-site for less than 90 days. This exclusion classifies your facility solely as a generator provided the following conditions are complied with:

- All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
- 2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
- The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
- 4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training concerning personnel training remployer

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- 5. For bulk accumulation of dry hazardous waste materials, the waste pile is managed according to the following:
 - (i) The waste pile is no larger than 200 cubic yards; and
 - (ii) The pile shall be placed on an impermeable base that is compatible with the waste; and
 - (iii) Run-on shall be diverted away from the pile; and
 - (iv) Any leachate and run-off from the pile must be collected and managed as a hazardous waste.

This written acknowledgement of the exclusion of the above identified facility from N.J.A.C. 7:26-1 $\underline{\text{et}}$ $\underline{\text{seq}}$. is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occuring at the site mentioned above.

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirments of N.J.A.C. 7:26-1 et seq. for "existing facilities" which would include the TSD facility annual report. It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

As a result of the conclusions previously made, the Notice of Violation entitled "Failure to Submit Annual Report" signed by Mr. David Shotwell is rescinded and need not be complied with.

If you have any questions on this matter, please call my office at (609) 292-9880.

Very truly yours,

Frank Coolick, Chief

Bureau of Hazardous Waste Engineering

FC: jb

cc Dave Shotwell
NJDEP, Division of Waste Management

Tom Taccone USEPA, Region II

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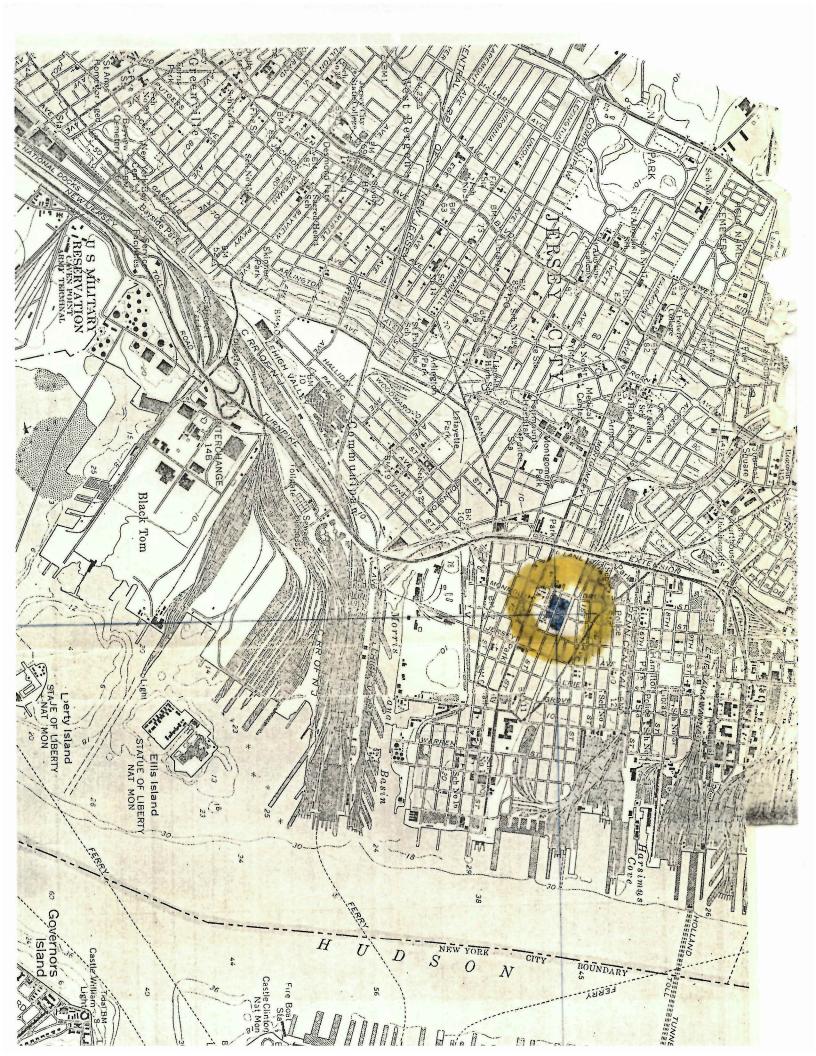
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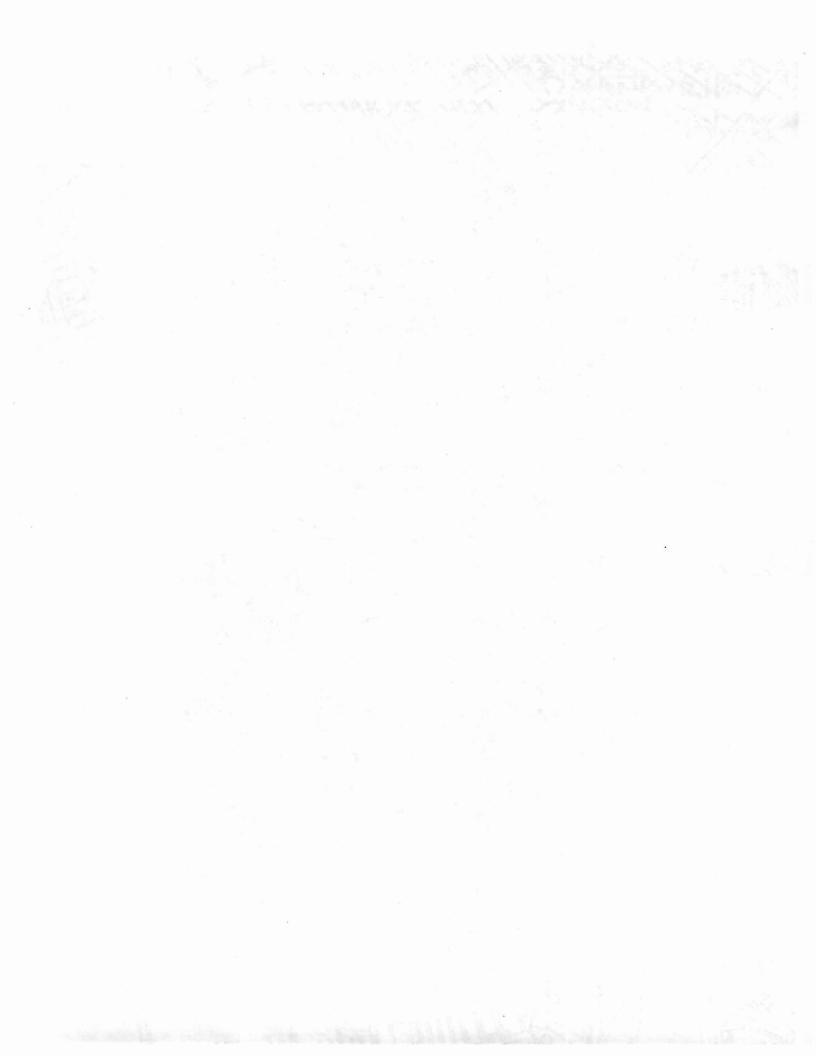
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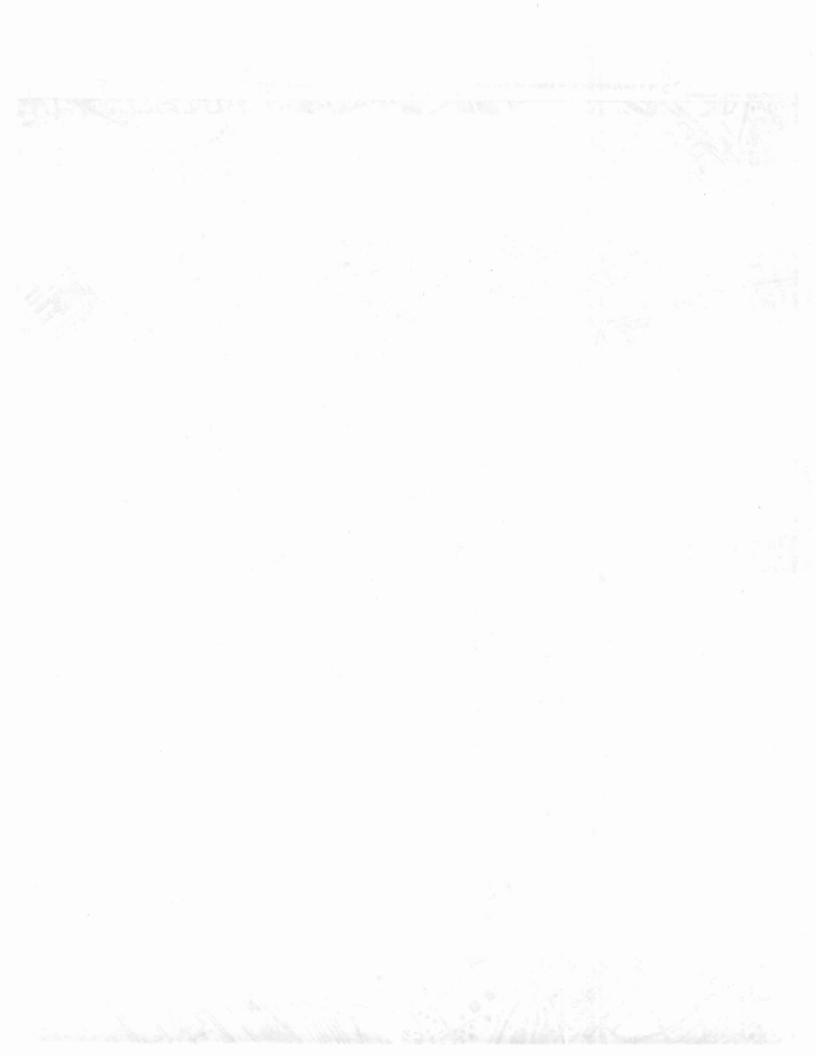


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FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: May 31, 2018 - 5:01 PM Version 5.0

User Selection Criteria

Location:

New Jersey, all activities

Activity Location:

None Chosen

Handler ID:

NJD001319250

Group of IDs:

None Chosen

Handler Name:

Handler Universe:

All Facilities Regardless of Universe

Determined Date Range: From: 10/01/1980 To: 05/31/2018

Location County Code: None Chosen

Evaluation Type:

Focus Area:

Location City:

Location Zip Code:

Violation Type:

State District:

None Chosen

Display Code Descrip.: Yes

Sort Order:

Region, State, Handler Name

Display Universes:

Yes

Results

Data meeting the criteria you selected follows.

Total Pages: 4

Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name:

cme foia.rdf

Developed by:

EPA Headquarters, Office of Enforcement and Compliance Assurance

Deployed: Last Updated:

June 2006 May 2012

Contact:

rcrainfo.help@epa.gov

Tables Used:

cmecomp3, ccitation3, hreport univ5, lu citation, lu state, hid groups

Libraries:

Page 2

Report run on: May 31, 2018 - 5:01 PM

DIXON JOSEPH CRUCIBLE CO Location: 167 WAYNE ST; JERSEY CITY, NJ 07303			County Name / Code: HUDSON / NJ017						NJD001319250		
									REGION 02		
Mailing: 167 WAYNE	EST; JERSEY (CITY, NJ 07303									
Activity Location: NJ		State District: NORTHE	RN	Accessibility:		No	n-Notifier:		Extract Flag	: Y	Active Site: N
Generator: Short-Term Gen: N	N	Transporter: I Transfer Facility: N	N	Operating TSDF: Offsite Receiver:		N	IC In Place: HSM:		N N	El Indicator (F Subpart K:	HE / GW):N / N
Full Enforcement: CA Wrkld: Active State Gen:	N N	Converter:		State Unaddresse State Addressed S State SNC w/Com	SNC:	N N N	EPA Unaddr EPA Addres EPA SNC w		N N N		
Evaluations With No V	iolations:					2011-20111001		iga Ryi			
CEI Evaluation Citizen Com	10/03/1983 nplaint: NO	Activity Location: No Multimedia Inspection		State Sampling: NO	Identifie No	r: 001 ot Subtitle 0	Person: C: NO	Day Zero:	Branch:		l Violation: NO s Area:

Total Number of Activity Locations:

^{*} End of Report *

^{*} Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: May 31, 2018 - 5:01 PM

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
El Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospita N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ("Y' indicates that the facility is in this universe).

^{*} Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: May 31, 2018 - 5:01 PM

Description of codes used on the report:

Code	Description
В	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
С	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

	ER - indicates that the handler has been identified through a source other than Notification and of conducting RCRA-regulated activities without proper authority:
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
0	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

^{*} Note: Penalty amount may not reflect all violations cited.